## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996 DOCUMENT #

1. Corporation Name 293516

(1)

STALNAKER FARM & RANCH SUPPLIES, INC.



| Principal Place o                      | of Business   | Mailing Address  |                                     |  |   |
|--|---|--|-------------------------------------|--|---|
| 3209 EAST 7TH AVENUE<br>TAMPA FL 33605 |   | 3209 EAST 7TH AVENUE<br>TAMPA FL 33805                           |                                     | ş  |   |
|  |   |  |                                     | <ol> <li>Date Incorporated or Qualified 06/01/1965</li> </ol>                          | 3a. Date of Last Report 02/07/1995  |
| 2. Principal Plac                      | be of Business  | 2a. Mailing Address UD   | WEINSTEIN                           | 4. FEI Number  | Applied For   |
| 21                                     | 0 N. 35th ST  | 2a. Mailing Address 40<br>26 P.O.Box 9                           | 40385                               | 59-1095085   | Not Applicable  |
| Suite, Apt. #,                         | etc.  | Suite, Apt. #, etc.  |                                     | 5. Certificate of Status Desired   | \$8.75 Additional Fee Required  |
| City & State                           | DA FL   | City & State  28 MAITLAN   | D.FL                                | Election Campaign Financing     Trust Fund Contribution                                | \$5.00 May Be Added to Fees   |
| Zip                                    | Country   | Zip and and  | Country                             | 8. This corporation has liability fo   |   |
| 24 33(                                 | 205 25 \$ USA   | 29 32144-0365 3  | o usa                               |  | s No  |
|  | 9. Name and Address of Current  | Registered Agent   |                                     | 10. Name and Address of New  | Registered Agent  |
|  |   |  | 81 Name                             | HLAN D. WEIN   | ISTEIN  |
| WALKER,SOL 82 S                        |   |  |                                     | ddress (P.O. Box Number is Not Accepta   | ND AVENUE   |
| 3209 6TH                               |   |  | 83                                  | 235 SONTH MAITLA   | AD MACINAL  |
| tampa f                                | L   |  | 63                                  | Suite 209  |   |
|  |   |  | 84 City                             | MAITLAND   | FL 85 Zip Code 3205   |
|  | 002 0500  | LOO 1500 Florido Stat dos  | the above named co                  | as a chien or health this statement for the o  | wroose of changing its registered office  |
| 11. Pursuant to<br>or registers        | o the provisions of Sections 607.0502 and agent, or both, in the State of Florida | and 607.1506, Florida Statutes,<br>a. Such change was authorized | by the corporation's I              | poration submits this statement for the p<br>board of directors. Thereby accept the ap | pointment as rogistered agent. I am   |
| familiär witt                          | h, and accept the obligations of, flection  | n 607,0505, Florida Statutes.                                    | 0 .                                 |  | 4125196   |
| SIGNATURE                              | Signature, typed or printed name of registered agent a                            | NOTE:  | Registered Agent signature re       | quired when reinstaling)   | bale 1  |
| 12.                                    | OFFICERS AND  |  | 13.                                 | ADDITIONS/CHANGES TO O   | FFICERS AND DIRECTORS IN 12   |
| TITLE                                  | PD  | DELETE   | 1. 1 TITLE                          |  | Change Addition   |
| NAME                                   | Walker,sol  |  | 1.2 NAME                            |  |   |
| STREET ADDRESS                         | 3435 BAYSHORE BLVD #300   |  | 1.3 STREET ADDRESS                  |  |   |
| CHTY-ST-ZIP                            | TAMPA FL  |  | 1.4 CITY-ST-2IP                     |  | ED 0. ED Addition   |
| TITLE                                  | SD  | DELETE   | 2 1 1111.€                          |  | Change Addition   |
| NAME                                   | HILL, DEBORAH ANN   |  | 2.2 NAME                            |  |   |
| STREET ADDRESS                         | 3306 MCKAY  |  | 2.3 STREET ADDRESS                  |  | }   |
| CITY-ST-ZIP                            | TAMPA FL  |  | 2.4 CITY - ST - ZIP                 | ASST. SECRETARY  | Change 🗖 Addition   |
| TITLE                                  |   | ☐ DELETE   | 3 1 TITLE                           | ASST. SECKETHRY  | Online William  |
| NAME.                                  |   |  | 3 2 NAME                            | THE SOUTH MATT   | ANDAVENUE   |
| STREET ADDRESS                         |   |  | 3.3. STREET ADDRESS 3.4 CITY+ST-ZIP | ALAN S. WEINSTEIN<br>235 SOUTH MATTE<br>MAITLAND, FL                                   | 3275/   |
| CITY-ST-ZIP                            |   | DELETE   | 4. 1 TITLE                          | 111111111111111111111111111111111111111  | Change Addition   |
| TITLE                                  |   | E) beter   | 4.2 NAME                            |  |   |
| NAME                                   | 1   |  | 4.3 STREET ADDRESS                  |  |   |
| STREET ADDRESS                         |   |  | 4.4 CITY-\$1-7iP                    |  |   |
| CITY-ST-ZIP                            |   | DELETE   | 5. 1 TITLF                          |  | Change Addition   |
| NAME                                   |   | <del></del>  | 5.2 NAME                            |  |   |
| STREET ADDRESS                         |   |  | 5.3 STREET ADDRESS                  |  |   |
| CITY-ST-ZIP                            |   |  | 5 4 CHY-ST-ZIP                      |  |   |
| TITLE                                  |   | DELETE   | 6 1 TIPLE                           |  | ☐ Change ☐ Addition   |
| NAME                                   |   |  | 6.2 NAME                            |  |   |
| STREET ADDRESS                         |   |  | 6.3 STREET ADDRESS                  |  |   |
| CITY-S1-ZIP                            |   |  | 6 4 CITY - ST - ZIP                 | 1  | TO OTION STATE OF THE PARTY OF |
| H                                      |   | with this filing is valuatorily furnic                           | had and door not ou                 | alify for the exemption stated in Section 1  | 19.07(3)(K), Florida Statutes. I further  |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: